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AUTHOR Roessler, Richard T.; And Others
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ABSTRACT

Programs that teach rehabilitation clients Personal Achievement Skills (PAS) were evaluated in regard to their use of group counseling techniques. Subjects were 43 young adult general rehabilitation clients who had completed an experimental training program in work adjustment. Clients were referred to the program for several reasons: deficiencies in basic skills, need for work tolerance, and behavior problems interfering with vocational training. The following variables were examined: (1) life perspective, (2) vocational functioning, vocational maturity, (3) goal setting, (4) orientation toward work, and (5) rated interpersonal and vocational functioning. A control group was also set up. Significant findings indicate that more gains in life perspective, vocational maturity, and goal attainment were reported by experimental trainees than by the control group. Program participants rated the PAS program as appropriate and well-organized. (Author/LP)

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The Effects of Systematic Group Counseling on Work Adjustment Clients

Richard T. Roessler Daniel W. Cook

Delbert E. Lillard

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Arkansas Rehabilitation Research and Training Center

UNIVERSITY OF ARKANSAS
ARKANSAS REHABILITATION SERVICES

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The Effects of Systematic Group Counseling on Work Adjustment Clients

Richard T. Roessler Daniel W. Cook

Delbert E. Lillard

Arkansas Rehabilitation Research and Training Center
University of Arkansas/Arkansas Rehabilitation Services

May, 1976

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The Effects of Systematic Group Counseling on
Work Adjustment Clients
Personal Achievement Skills Training (PAS)

Significant Findings

1. More experimental trainees than control reported gains in life perspective, i.e., experimental clients rated "now" and "future" closer to their best possible life at posttesting than did control clients.

2. Experimental clients reported significantly higher levels of self-reported vocational maturity, vocational functioning, and interpersonal maturity following training.

3. Although there were group differences on age, IQ, and reading ability, these differences appeared to be unrelated to posttraining changes on vocational maturity, vocational functioning, and interpersonal maturity.

4. Goal attainment or progress in achieving a goal occurred primarily for the experimental group.

5. Trends in the vocational orientation data suggested that the experimental group had a more realistic perception of the benefits of work.

6. The experimental group also reported fewer medical barriers to work but more concern about getting and holding a job and about coping with new situations and people.

7. Counselor ratings indicated that PAS trained clients tended to improve more in personal adjustment than did control clients.

8. Although their ratings were nominally higher for experimental clients, instructors tended to see both groups similarly.

9. Program participants rated the PAS program as appropriate, stimulating, and well organized.

10. The PAS trainer was rated high on 13 dimensions of leader behavior.

Acknowledgements

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The Effects of Systematic Group Counseling on Work Adjustment Clients

Introduction

Given certain limitations in research design, studies on the use of group counseling with rehabilitation clients suggest that group counseling contributes to the personal adjustment and employability of clients (Gavales, 1966; Hewitt, 1966). Within the literature, two discernable approaches to group counseling appear, the encounter group (Cook, Sleater, & Kunce, 1973) and the semi-structured training group (Solomon, Berzon, & Davis, 1970).

Zisfein and Rosen's (1973, 1974) work exemplifies the semi-structured format for working with groups. The basic logic of the approach involves identifying explicit client needs and then developing a skill training approach to remediate the needs. As a group, clients respond to materials and leader and client input and feedback. Clients benefit both from the informational input and from the therapeutic aspects of group dynamics such as support and confrontation.

Teaching clients communication and self-modification skills, Personal Achievement Skills (PAS) (Means & Roessler, 1976; Roessler & Means, 1976) follows in the tradition of systematic or semi-structured approaches to group counseling. From PAS training, clients learn ways to improve their skills in a) interpersonal communication, b) problem solving, c) goal setting, and d) goal attainment.

The program covers four phases: group cohesion, self-exploration, self-understanding, and constructive action. During the group cohesion phase, participants are involved in exercises designed to develop feelings of trust and rapport among group members. Strong group cohesion is the foundation for the remaining phases of the program--exploration, understanding, and action.

Before expecting participants to resolve problems, Personal Achievement Skills helps them explore their needs, values, problems, and aspirations. From the base of self-exploration, participants develop understanding skills that help them identify and sharpen a significant goal they want to achieve. Participants then learn how to develop and order steps necessary to achieve their goals and how to monitor their success.

Having identified a goal and developed ways to monitor progress toward it, participants are ready for constructive action--the final phase of the program. During constructive action, clients follow their goal programs and share their progress or lack of it with other members of the group. Sharing with other group members (group process) which includes confrontation and support is vital to the accomplishment of the goal identified during the earlier phase of the training.

Early research on Personal Achievement Skills (Roessler & Greene, 1974; Roessler, 1975) confirmed that the program had potential for the field of rehabilitation. One training program evaluation completed by rehabilitation counselors in Arkansas showed that the counselors particularly valued goal setting and communication skills.

Other pilot studies with Personal Achievment Skills have been conducted at the Hot Springs Rehabilitation Center and the University of Arkansas. Rehabilitation clients, college students, and high school students who completed the training have consistently given the program a positive rating. Research (Roessler & DeWeese, 1975) indicates that Personal Achievement Skills training is associated with progress in goal attainment and increases in self-esteem for participants.

The current study examined the impact of Personal Achievement Skills training in a work adjustment setting at the Hot Springs Rehabilitation Center. In January, 1975, the training was implemented to assist those rehabilitation clients who, for psychological and/or educational reasons, had deficits impeding their progress in vocational training, and hence, their return to productive employment.

Traditionally, the work adjustment program stressed client training in work attitudes and work behaviors necessary for maintaining employment. PAS training broadened the adjustment program to include interpersonal skills, problem solving, and goal attainment.

Purpose of the Research

The purpose of the research was to evaluate whether PAS training contributed to realizing objectives of the work adjustment program. Neff and Weiss (1965) stressed that the biggest problems rehabilitation clients have in securing and maintaining employment

have to do with psychosocial rather than skill aspects of work. Describing an individual's "vocational pattern" as being central to work success, Gellman (1953) emphasized concepts such as the meaning of work and achievement and the ability to play a productive role. Hence, the investigation of PAS' contributions to work adjustment included measures of work orientation and self, counselor and instructor ratings of vocational functioning, vocational maturity, and interpersonal maturity.

Other instruments selected for the evaluation, client goal setting and life perspective ratings, have been related in theory to rehabilitation outcome when defined as employment (Safilios-Rothschild, 1970, p. 235). Furthermore, Shontz (1975) has pointed out the importance of expectations of the future in adaptation to disability (p. 273). Personal integrity in the present and presumably adaptive responses to disability require the expectation of positive possibilities for the future.

Hence, the study examined the extent to which PAS training was related to improved client status on the following variables: 1) life perspective, 2) vocational functioning, vocational maturity, and interpersonal maturity, 3) goal setting, 4) orientation toward work, and 5) rated interpersonal and vocational functioning. Clients in the experimental group were also expected to develop and follow a plan of self-improvement (for sample plans see Appendix A) and complete a participant evaluation of the leader and training program (Appendix B).

METHOD

Subjects

Subjects (referred to hereafter as trainees, clients, etc.) were general rehabilitation clients who completed the experimental training program in the work adjustment section of the Hot Springs Rehabilitation Center. Clients were referred to work adjustment for a variety of reasons: deficiencies in basic skills, the need to establish work tolerances, and behavioral problems interfering with vocational training. All clients coming into work adjustment were potential members of the research study. However, trainees had to meet certain eligibility criteria before being included, e.g., interest in group counseling, IQ above 70, fourth grade reading level, and counselor's permission to participate. Accepted clients agreed to complete the entire experimental training. Trainees (N=43) can be described as follows: young (mean age of 20 years), 65% male, 72% White, and 54% with some high school education.

Initially, efforts were made to assign trainees randomly to either the PAS training or to a group training program in personal hygiene. However, scheduling difficulties precluded "true" random sampling; and trainees were assigned in blocks to either treatment condition depending on openings in the trainer's schedules. In every case, students received all appropriate work adjustment services with some (N=20) having a supplementary PAS experience and some (N=23), a supplementary experience in personal hygiene training.

Independent Variables

PAS Training

The PAS program combines the benefits of group dynamics with skill training in communication, problem solving, and goal attainment. Daily two hour training sessions (Monday-Friday) were held for five weeks (50 hours) in order to include the instruction and monitoring phases. The PAS leader was a member of the work adjustment staff whose role was that of a counselor and work supervisor for the students. After receiving training at the Arkansas Rehabilitation Research and Training Center, he undertook PAS training on a regular basis. Five PAS groups were completed during the course of the experiment; enrollment ranged from five to eight clients per group.

Personal Hygiene Training

A group discussion approach to personal hygiene was led by another member of the work adjustment staff. Like the PAS leader, she was also a counselor and work evaluator for work adjustment students. The purpose of a "treatment" control group was to equate the two groups on such variables as special recognition (the Hawthorne effect), grouping, and informational input. Six personal hygiene groups ranging in enrollment from six to eight clients were conducted.

Dependent Variables

Self-Anchoring Striving Scale

The life perspective variable was measured pre and post by Cantril's (1965) eleven point Self-anchoring Striving Scale (Kilpatrick & Cantril, 1960). The scale is a semi-projective measure of a person's perception of current, future, and past status relative to the trainee's description of his or her best possible and worst possible life.

Facility Outcome Measure

Vocational functioning, vocational maturity, and interpersonal maturity are three scales on the Facility Outcome Measure developed by the Program Planning and Evaluation Section of Arkansas Rehabilitation Services (1974). The facility outcome concepts are presented via Likert type scales in terms of behavioral and attitudinal criteria. Clients rated themselves on each of the three scales. In this study control group test-retest scores provided reliability estimates of .73 for vocational maturity, .50 for vocational functioning, and .72 for interpersonal maturity.

Goal Attainment Scaling

Goal attainment scaling (Kiresuk, Salasin, & Garwick, 1972) is a regular feature of the PAS program. After selecting a goal, participants identify possible attainment levels for their goals and rate their beginning level of attainment on the goal, i.e., their intake level before beginning the steps of their behavioral program.

In an interview with the PAS trainer, control clients selected from a predetermined list of goals one goal that they wanted to accomplish in the next six weeks. Using goal attainment scaling techniques, the PAS trainer then established each control trainee's initial status on the chosen goal. Examination revealed that the goals selected by experimental and control groups were comparable at the beginning of the program. Hence, both groups selected goals requiring the same relative effort to accomplish (see Appendix D).

Vocational Orientation Index

Another variable measured was work orientation as assessed by the Vocational Orientation Index (VOI) (Associates for Research in Behavior, 1973). The VOI was developed on the assumption that there are two concepts central to work success: a) work skills and b) an understanding of what one has to gain or lose by working. These latter two concepts were operationalized in the scale in the attraction and barriers factors. The attraction scale provides an estimate of the client's perceptions of the material and psychological benefits that would accrue from working. The barriers scale provides a measure of the client's perceptions of the difficulties of obtaining and maintaining a job.

The attraction scale yields estimates of the respondent's desire to work in order to secure greater benefits for self and family, greater personal independence, and an improved life style. The barriers scale provides a measure of the extent to which the trainee sees medical, transportation, childcare, and family bar-

riers to work. It also indicates whether the person might avoid work due to feelings of being unable to handle new situations and people or to obtain and maintain a job.

One of the interesting facets of the scale's development was the finding of a curvilinear relationship between work attractions and ultimate employment. In comparing profiles of workers and non-workers, the authors found that "non-workers fell outside the worker's space because of perceptions of extremely positive or negative attractions (to work) . . . " (Associates for Research in Behavior, 1974, p. 12). In other words, non-workers tended to have unrealistically low or high perceptions of the benefits of work. For the barrier characteristics, the non-workers were unidirectionally outside the worker space, i.e., the non-worker perceived more of a problem in a specific barrier area of concern (Associates for Research in Behavior, 1974, p. 12).

Later in the report, the attraction scores are discussed both in terms of group differences and in terms of whether the average attraction scores are in the worker range. Barrier scores are interpreted as a unidimensional measure.

It should also be mentioned that the VOI includes an estimate of the personal losses perceived to be associated with working. However, experience with the scale has shown that the losses scale is inappropriate for clients in the 18 to 20 age range due to the fact that they have had little experience with work and have little basis for estimating what they would lose from working (Webb, Note 1). Since most of the trainees in the PAS study were younger, the losses data were not reported.

Current Status and Improvement Rating Scales

In addition, clients were rated by their counselors and instructors on a) current status and b) improvement since entering the Center on the variables of vocational functioning, vocational maturity, and interpersonal maturity. Using the "average" rehabilitation client as a frame of reference, these behaviorally oriented rating scales (see Appendix C) provided data from an external source regarding the effects of Personal Achievement Skills. Since these scales were developed by the authors for this experiment, reliability and validity data are not currently available.

Participant Evaluation

The final variables on which information was collected were participant evaluation (Appendix B) of program and trainer. Using a five point rating scale, participants rated different dimensions of PAS training and the PAS leader's skills.

Experimental Procedures

Administration

Clients were pretested by the PAS instructor on assignment to either the experimental or control group and posttested five to six weeks later. Pre and posttest self-report data were collected on life perspective, vocational functioning, vocational maturity, interpersonal maturity, and goal attainment. The VOI was administered post only to members of the experimental and

control groups. Due to delays in receiving copies of the instrument, only part of the experimental group was tested on the VOI. The evaluation of program and trainer was completed by participants during the last training session. Two months after the final training session, Hot Springs Rehabilitation Center counselors and instructors who worked with clients in both the experimental and control groups provided ratings of the trainee's current status and extent of improvement on vocational functioning, vocational maturity, and interpersonal maturity.

Statistical Analysis

Background data are presented in averages and standard deviations. Analysis of experimental effects was completed using chi square, *t* test, and analysis of covariance. Because of the small sample size in some chi square analyses, the Yeats correction formula was used (four cell tables only). Results from these analyses are discussed in ensuing sections of the report.

RESULTS

Analyses of the effects of Personal Achievement Skills training on work adjustment clients are presented in the sections to follow. The basic question to be answered by each analysis is whether PAS training contributed to attainment of work adjustment objectives.

Description of Research Participants

Demographic and psychometric profiles. Trainees in the study (see Table 1) were predominately White, young, general rehabilitation clients referred to work adjustment at the Hot Springs Rehabilitation Center. They reported a near average IO and had a ninth to tenth grade education. Significant differences existed between the experimental and control groups on the variables of age, IQ, and reading achievement. Experimental trainees were older and reported higher IQ and reading achievement scores. There were no significant differences between groups by types of disability or previous work experience.

Initial assessments. Beginning levels on the self-striving scale, the facility outcome measure, and the goal setting measure (see Table 2) were similar for the two groups. A series of *t*-tests indicated that the only difference at pretesting was on goal setting pre with the control group reporting a somewhat higher current level of goal attainment.

Overall, both groups reported scores on the self-striving scale typical of results from Cantril's cross cultural study (1965). Past tended to be rated more toward worst possible life while

Table 1

Demographic and Psychometric Profiles of Trainees

		Experimental (n=20)		Control (n=23)		t^a	Probability
I.	Demographic						
	Age	21.55(5.79)		17.86(2.33)		2.84	.01
	Highest Grade	10.30(1.59)		9.54(1.75)			
	Sex	55% male		70% male			
	Race	95% White		65% White			
II.	Intelligence	$\bar{X}$	SD	$\bar{X}$	SD		
	Beta	93.89	9.19	85.18	12.93	2.51	.05
	Otis	87.47	8.80	79.71	7.57	2.24	.05
	Wide Range Vocab. Test	9.90	2.18	6.81	3.42	3.22	.01

[a]Two tailed test

Table 2

Mean and Standard Deviation
for Self-Report Pretest Scores

Self-Report	Experimental (n=20)	Control (n=23)	t[a]	Probability
1. Self-striving Scale				
Past	3.05(2.82)	2.42(1.50)	.87	---
Now	4.55(1.36)	4.42(2.29)	.21	---
Future	7.50(1.91)	7.58(2.50)	.11	---
2. Facility Outcome Measure				
Vocational Maturity	21.80(4.11)	21.65(4.82)	.10	---
Vocational Functioning	20.40(4.50)	19.74(4.60)	.45	---
Interpersonal Maturity	29.55(6.44)	26.87(7.09)	1.29	---
3. Goal Setting Intake	1.10(0.31)	1.43(0.51)	2.61	.01

[a]Two tailed test

present and future were rated toward best possible life. The typical rating sequence was for persons to rate past between the second and third steps; present, between the fourth and fifth steps; and future, between the seventh and eighth steps.

Clients rated themselves slightly over the midpoint on the vocational maturity scale which has a range of scores from six to thirty. Similar results occurred for the vocational functioning scale. The groups tended to see themselves as average or below in terms of interpersonal maturity ratings.

As would be expected at the beginning of a goal setting program, the experimental clients reported that they were at the lowest level of attainment on their goals. The control clients reported a slightly higher level of progress on their goals but still far from their expected level of attainment.

Comparability of the samples. Although age, IQ, and reading achievement differences existed between the control and experimental groups, there was no indication that the differences affected initial status on perceptions of past, present, or future (self-striving scale) or on self-reported vocational functioning, vocational maturity, and interpersonal maturity.

Capsule Summary

Description of Research Participants

1. Subjects were young rehabilitation clients referred to the work adjustment center.
2. Of average to low average intelligence, subjects had a ninth to tenth grade education.

Capsule Summary

Description of Research Participants (Cont.)

3. Experimental clients were not only older but had higher IQ's and reported a higher grade equivalency on the Wide Range Vocabulary Test.

4. Pre levels on outcome variables were equivalent for the two groups; apparently, the bias found in IQ, age, and reading scores did not affect initial ratings of life perspective, vocational functioning, or goal attainment.

Effects of PAS Training

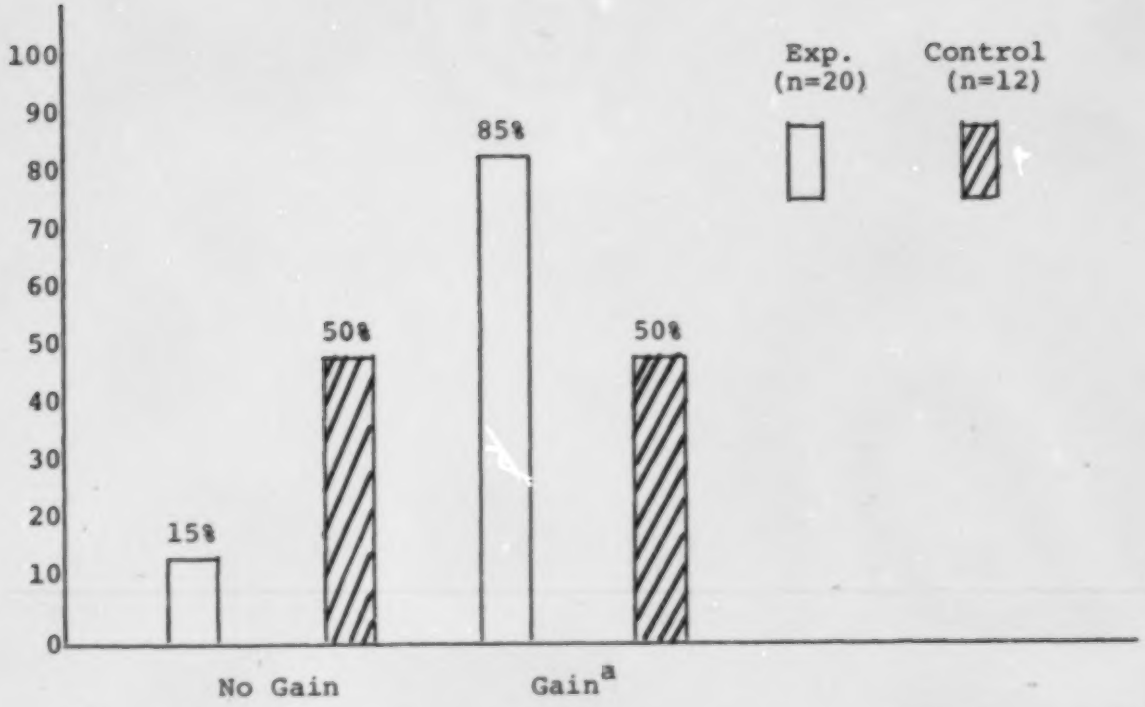
Self-striving Scale. The first area for assessing the impact of PAS training was on the Self-striving Scale. The pre and post self-report ratings of past, present, and future were analyzed in a categorical format. Clients in the experimental and in the control groups were divided into either "no gain" or "gain" (moving toward best possible life two or more steps) groups on each variable: now, future, and past (see Table 3).

Chi square results indicated that there were significant differences between the experimental and control groups on the Self-striving Scale. A significantly greater number of experimental clients gained in terms of life perspective than did control clients. Eighty-five percent (85%) of the experimental clients as compared to 50% of the control group rated their current (now) status as closer to their best possible life after training than before ($X^2=3.92$, df=1, $p<.05$).

As reported in Table 4, differences were even more dramatic on the future rating ($X^2=5.12$, df=1, $p<.05$). Eighty percent of

Table 3

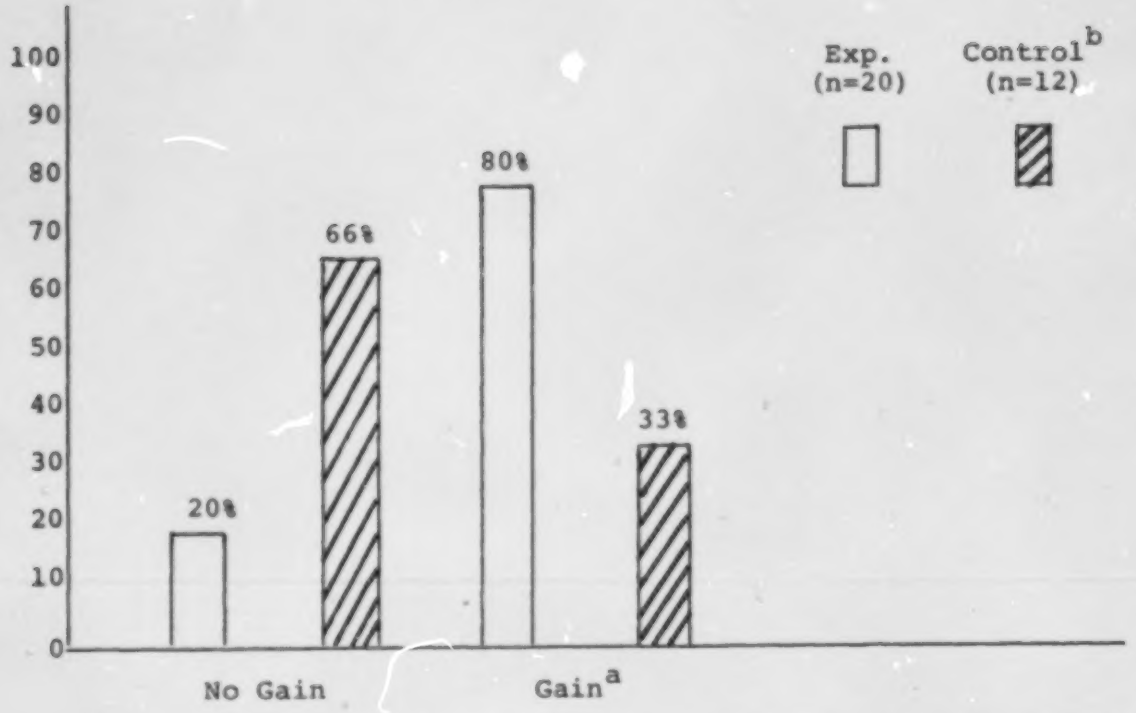
Life Ladder - Now



[a]Change at posttesting two or more steps toward "best possible life"

Table 4

Life Ladder - Future



[a]Change at posttesting two or more steps toward "best possible life"

[b]Drop in control N due to incomplete data

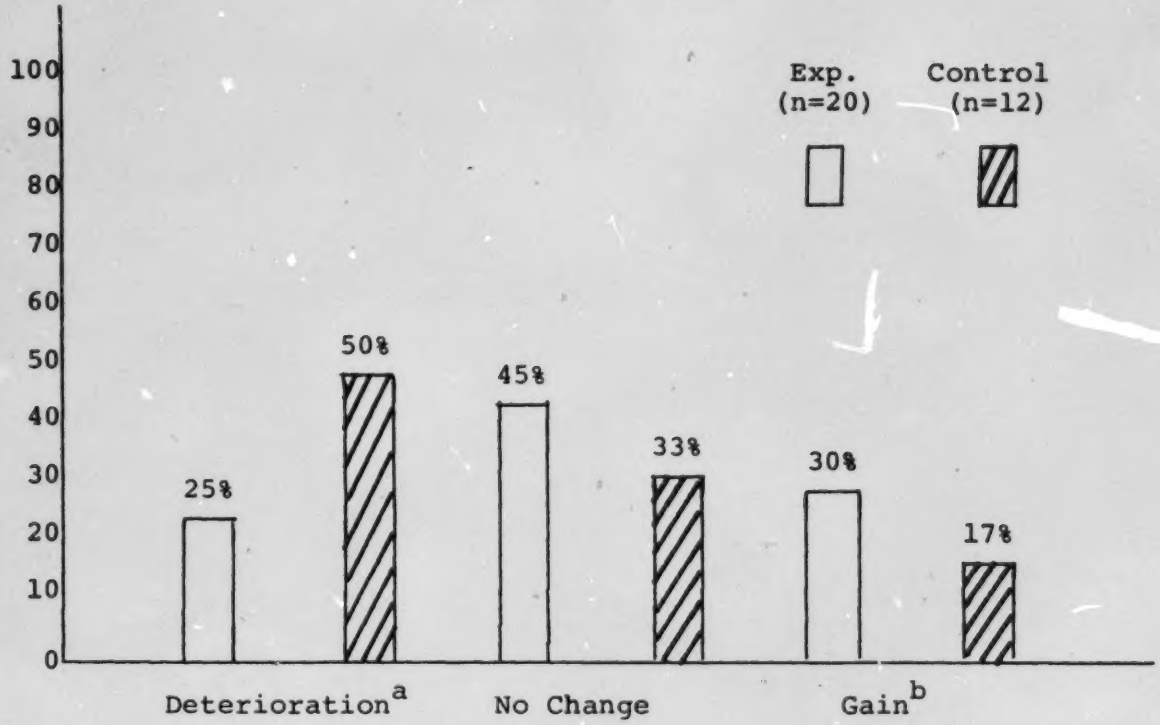
the experimental trainees as compared with 33% of the control trainees reported that their future was closer to their best possible life at posttesting than at pretesting. Hence, improvement in life perspective for the future and present was much more likely to occur in the PAS group than in the personal hygiene control group.

Significant differences between groups appeared in their ratings of "past" (X^2=20.52, df=4, p<.001); however, results (Table 5) presented a somewhat different pattern than the present or future ratings. Some control group trainees tended to see the past as further from their best possible life at posttesting (50%). Others (33%) reported no change in their evaluation of past from pre to posttesting.

Experimental clients, on the other hand, were more divided regarding their perception of the past at pre and posttesting. Some 25% saw their past at posttesting as further from their ideal life; some reported no change (45%), and some (30%) tended to see their past at posttesting as closer to their ideal life. Although reevaluation of past occurred for some control group clients, it was usually in terms of seeing the past as worse at posttesting. Some experimental trainees had this same perception; and yet, others reevaluated their perception of their past at posttesting so that it now appeared closer to their best possible life. The phenomenal meaning of these differences in "past" ratings is not clear and requires further research.

Table 5

Life Ladder - Past



[a]Change at posttesting two or more steps toward "worst possible life"

[b]Change at posttesting two or more steps toward "best possible life"

Capsule Summary

Effects on Life Perspective

1. More experimental clients than control clients reported gains in their current life perspective, i.e., experimental clients rated "now" closer to their best possible life at posttesting than did control clients.

2. Movement in ratings of "future" toward best possible life occurred significantly more often for experimental clients.

3. Interesting differences were found in the perception of the past that require further research.

Facility Outcome Measure. Using a one-way analysis of covariance with the pretest scores as the covariate, gains in self-ratings of vocational maturity, vocational functioning, and interpersonal maturity were compared for the experimental and control group clients. The covariance analysis was selected because it is the preferred analysis for repeated measures experiments (see Huck & McLean, 1975, for a discussion of this matter). For the analysis, equal cell sizes were established by randomly dropping three cases from the control group leaving 20 experimental and 20 control trainees.

Adjusted posttest means for the three variables on the Facility Outcome Measure are reported in Table 6. The posttest means are adjusted to account for the effects of pretesting. Results of this analysis clearly indicate that PAS training affected the way in which clients perceive themselves in terms of vocational maturity, vocational functioning, and interpersonal maturity. For

Table 6

Facility Outcome Adjusted Posttest Means and Standard Errors

Measure	Experimental (n=20)	Control (n=20)	F	df	Probability
Vocational Maturity	23.98	21.07	6.90	(1,37)	.01
Vocational Functioning	22.35	19.30	6.96	(1,37)	.01
Interpersonal Maturity	31.28	27.87	7.59	(1,37)	.01

each variable, the PAS group reported a significantly higher posttest mean. It should be noted that a repeated measure ANCOVA analysis revealed a non-significant relationship of age, IQ, and reading ability to these outcome variables. Such individual differences did not exist in sufficient magnitude to alter the significant experimental findings.

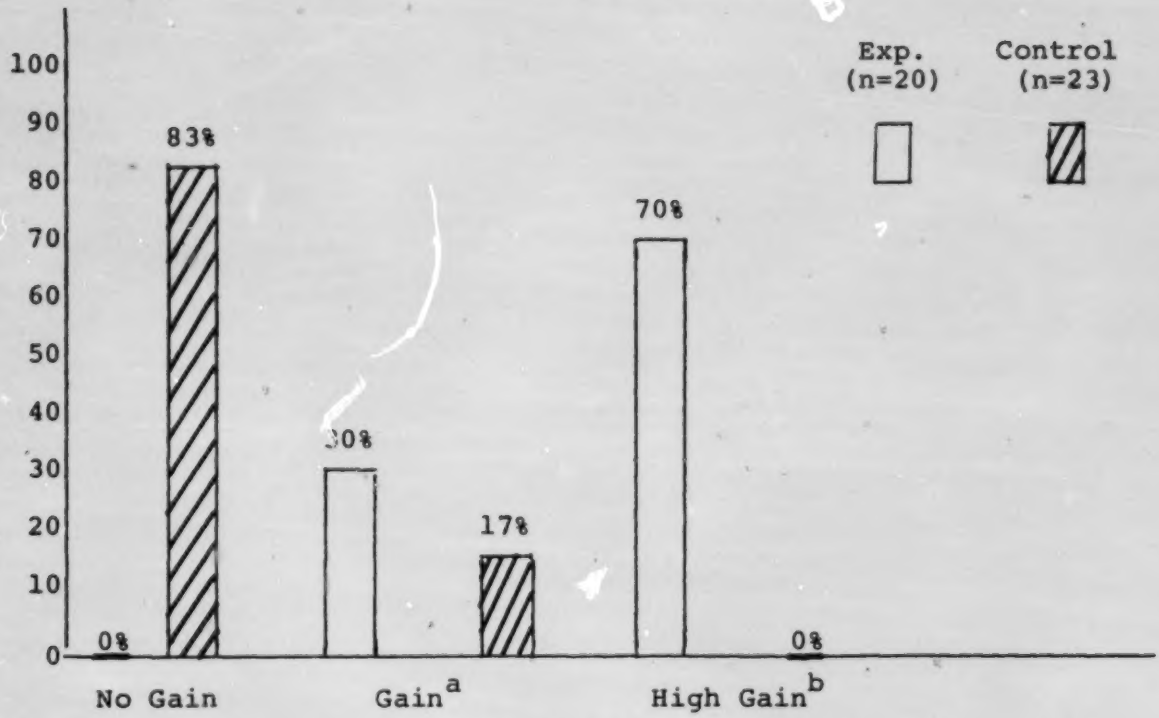
Capsule Summary
1. Experimental clients reported significantly greater movement than control clients pre to post on vocational maturity, vocational functioning, and interpersonal maturity self-ratings.

Goal attainment. One of the key objectives of Personal Achievement Skills is to prepare participants to attain self-selected goals. Trainee evaluations reported in Table 7 clearly indicate that only those clients in the PAS group reported significant progress ($X^2=43.85$, df=4, $p<.001$) in goal attainment.

Goal attainment as a feature of PAS participation is a function of several things. On the program's part, the assumption is made that a self-selected goal is more likely to be attained than is an imposed goal; hence, it is important that clients generate their own goals in the program. Furthermore, it is anticipated that the behavioral planning that occurs during the self-understanding phase has a direct bearing on goal attainment (Mischel, 1973). Finally, the effect of public commitment on goal attainment was also expected to have an energizing effect on PAS participants that would not occur for control group trainees (Lewin, 1947; Winter, Griffith, & Kolb, 1967).

Table 7

Gains in Goal Attainment



[a]One to two steps toward best possible outcome

[b]Three to four steps toward best possible outcome

It must, however, be acknowledged that the data on goal attainment are self-report in nature. The level of goal attainment reported by PAS clients might not be reflected in actual behavioral changes. For example, they could be responding to the demands of the experiment (Orne, 1962) that obviously elicit reports of goal attainment. Furthermore, clients might find it too discrepant (Festinger, 1962) with their stated intentions of attaining the goal to later report that they did not attain the goal. However, other research (McGaghie, Menges, & Dobroski, 1976) suggests that demand and dissonance effects are not major concerns for studies concerning self-modification ratings.

Capsule Summary

Goal Attainment

1. Goal attainment or progress in achieving a goal occurred primarily for the experimental group.
2. Factors enabling PAS clients to achieve their goals include self-selection of the goal, public commitment to the goal, and specific training in goal setting skills.

Vocational Orientation Inventory. The two sections of the Vocational Orientation Inventory (VOI) of interest to the current study, attractions and barriers, were administered at posttesting. As mentioned earlier, the Attraction scores have a curvilinear relationship to actual work success and the Barriers scores a unidimensional relationship.

At posttesting (see Table 8), the total Attraction scores for both groups were similar and fell within the range of scores (22-30) related to success in work. However, the experimental group score was in the middle of the range whereas the control group score tended toward over-attraction to work.

Greater realism regarding the benefits of work appeared for the experimental group on several of the other scales as well. But, the only statistically significant difference was on the better life style scale where the experimental group reported a mean score within the appropriate range of scores (7-10) whereas the control group's score was significantly higher and in the range of scores related to poor work success.

In terms of barriers to work (see Table 8), although the experimental group reported fewer medical barriers, they did report more concern about their ability to get and hold a job. There was also a trend ($p<.10$) for the experimental group to be more concerned about being able to deal with new situations and people in the work place.

Interpretations of the barriers difference between the two groups is difficult. A case could be made that PAS training should be related to decreases in estimates of barriers to work. On the other hand, as in the total attraction score trend, it could be that the difference in perception of barriers is related to greater realism about problems these clients will encounter when seeking work. In either case, these data support the emphasis that work adjustment training places on interpersonal, job seeking, and job holding skills.

Table 8

Means and Standard Deviations of Posttreatment Vocational Orientation Inventory Scores

VOI	Experimental (n=12)	Control (n=18)	t	Prob.
Attractions:				
Overall	26.25(7.14)	30.61(9.29)	1.37	---
Benefits to child	6.67(1.83)	7.06(2.51)	.46	---
Benefits to worker	11.33(3.60)	12.83(5.02)	.89	---
Better life style	7.92(2.39)	11.00(4.59)	2.13	.04
Independence	7.50(2.97)	9.00(3.08)	1.32	---
Barriers:				
Medical	1.33(1.16)	4.61(2.57)	4.13	.01
Family	26.50(8.32)	23.22(6.46)	1.12	---
New situations and people	12.33(3.09)	10.33(3.10)	1.70	.10
Get and hold a job	8.00(1.71)	6.39(1.72)	2.52	.02
Transportation	.08(0.29)	.00(00	1.24	---

Capsule Summary

Vocational Orientation Inventory

1. Some evidence suggested that the experimental group had a more realistic perception of the benefits of work.

2. The experimental group also reported fewer medical barriers to work but more concern about getting and holding a job and about coping with new situations and people. Whether these trends in the experimental group are related to greater realism about work is open to speculation.

Intercorrelation of Self-Report Pre/Post Measures

One final issue of interest before discussing the counselor and instructor rating data has to do with the interrelationships among the self-report pre/post measures. The basic question is whether the various measures appear to be independent dimensions or clusters of interrelated concepts.

Table 9 presents the intercorrelations for the total group of trainees, experimental and control (N=32 to 43 depending upon missing data). The consistently high interrelationships among the pre and post facility outcome dimensions--vocational maturity, vocational functioning, and interpersonal maturity--suggest that the ratings are not separate dimensions. However, the pre facility outcome measures are not significantly related to life perspective or goal scaling data.

Pre and post future life perspective ratings are related to post ratings only on the facility outcome measures. Hence, optimism regarding the future is related to self-assessment of vocational

Table 9

Correlation Matrix of All Trainees' Dependent Variable Scores

	2	3	4	5	6	7	8	9	10	11	12	13	14
Life Perspective Pre													
1. Past	.01	.05	.57*	-.15	-.04	.19	.27*	.22	.01	-.08	.01	-.01	.24
2. Now		.63*	-.05	.17	.16	.26*	.27*	.13	.48*	.39*	.16	.02	.04
3. Future			-.09	.27	.16	.19	.22	.18	.35*	.43*	.30*	-.16	-.07
Life Perspective Post													
4. Past				.19	.36*	.14	.19	.14	.03	-.11	-.01	-.21	.31*
5. Now					.65*	-.15	-.09	-.03	.23	.44*	.25	-.01	.38*
6. Future						.15	.18	.14	.38*	.35*	.35*	-.32*	.45*
Facility Outcome Pre													
7. Vocational Maturity							.83*	.73*	.58*	.42*	.47*	-.08	-.03
8. Vocational Functioning								.81*	.59*	.43*	.46*	-.14	.07
9. Interpersonal Maturity									.64*	.50*	.68*	-.04	.20
Facility Outcome Post													
10. Vocational Maturity										.75*	.72*	-.13	.27*
11. Vocational Functioning											.74*	-.10	.38*
12. Interpersonal Maturity												-.04	.38*
Goal Scaling													
13. Pre													-.01
14. Post													

*p≤.05

maturity, functioning, and interpersonal maturity after rather than before training suggesting that trainees may be linking the concept of hope with newly acquired skills necessary to succeed.

For goal scaling, only post scores show significant relationships with the other posttest variables. Hence, those reporting goal attainment are also more optimistic about the future at the end of training. Pre training goal attainment scores were negatively related to all other variables. This finding seems due to an artifact of the scale; i.e., before goal attainment efforts have begun, clients naturally report low pretest ratings.

Capsule Summary

Intercorrelation of Self-Report Pre/Post Measures

1. Although independent of life perspective and goal scaling ratings, vocational functioning, vocational maturity, and interpersonal maturity were highly related at pretesting suggesting that they represent one rather than three dimensions.

2. Optimism regarding the future seemed to be related to the perceived acquisition of skills necessary for success.

3. Goal attainment was related to positive self-ratings on the other posttest variables of life perspective and facility outcome.

Current Status and Improvement Ratings

Using the average rehabilitation client as a standard, counselors and instructors rated clients on current status and improvement on vocational maturity, vocational functioning, and interpersonal maturity. Ratings were obtained on both groups, ex-

perimental and control, two months after the completion of training. Counselor ratings are reported in Table 10 and instructor ratings, in Table 11.

Counselor ratings. Counselor ratings (see Table 10) indicated a trend toward higher current status and improvement ratings for the experimental group. In particular, two improvement ratings by counselors, vocational maturity and interpersonal maturity, were significantly higher for the PAS trainees.

Instructor ratings. Instructor ratings (see Table 11) reflect the same trend toward higher current status and improvement ratings for the PAS clients. However, the differences are less marked, and only one, improvement in interpersonal maturity, approaches statistical significance.

Significance of counselor and instructor ratings. The counselor and instructor rating results are important because they provide evidence of the effects of Personal Achievement Skills training from an external point of view. Trends in the rating data also suggest that PAS training may have some generalizability to other situations.

To determine whether there were group differences on ratings of vocational functioning, vocational maturity, and interpersonal maturity, difference scores for experimental and control groups (trainee score minus counselor score and trainee score minus instructor score) were compared using independent *t* tests. Since no significant differences were found, counselors and instructors appeared to be using the same rating standards for both groups. Though the closest agreement between counselor/instructor and

Table 10

Means and Standard Deviations for
Facility Outcome Ratings-Counselors

	Experimental (n=20)	Control (n=23)	t[a]	Prob.
Current Status:				
Vocational maturity	2.53(1.00)	2.15(.96)	1.13	---
Vocational functioning	2.47(1.00)	2.32(.82)	.51	---
Interpersonal maturity	2.41(.87)	2.37(1.06)	.13	---
Improvement:				
Vocational maturity	3.00(1.37)	2.37(.96)	1.62	.06
Vocational functioning	2.65(1.[illegible])	2.42(1.12)	.57	---
Interpersonal maturity	3.12(1.17)	2.32(1.00)	2.22	.02

[a]one-tail test

Table 11

Means and Standard Deviations for
Facility Outcome Ratings-Instructors

	Experimental (n=20)	Control (n=23)	t[a]	Prob.
Current Status:				
Vocational maturity	2.29(.9I)	2.07(.80)	.69	---
Vocational functioning	2.43(.94)	2.07(.88)	1.07	---
Interpersonal maturity	2.36(.93)	2.00(.66)	1.20	---
Improvement:				
Vocational maturity	2.50(.86)	2.33(.98)	.49	---
Vocational functioning	2.64(.84)	2.40(1.07)	.68	---
Interpersonal maturity	2.79(.80)	2.33(.98)	1.36	.09

[a]one-tail test

trainee ratings was in the control group, trainees in both groups tended to rate themselves higher than did the counselors and instructors.

Capsule Summary

Counselor and Instructor Ratings

1. Counselor ratings indicated that PAS clients tended to improve more in personal adjustment than did control clients.

2. Although their ratings tended to be higher for PAS clients, instructors tended to see experimental and control clients similarly.

3. Rating data tend to corroborate previous trends found in the self-report data that support the use of PAS training with work adjustment clients.

Program and Trainer Evaluation

Student ratings of Personal Achievement Skills and the PAS trainer were collected during the last training session. The experimental students consistently rated the program and trainer positively.

For example, 77% rated the value of the program as excellent and 14% as very good. Other responses on the rating scale indicated that the students felt that the program was appropriate, stimulating, and well organized. Forty-one percent (41%) of the students felt that the program was too short; 45%, about right, and 14%, too long.

On thirteen dimensions for rating the PAS trainer, responses from the students were uniformly positive. The range of excellent and very good ratings ranged from a low of 54%, a majority, on the

item "How well did he manage the program in terms of moving the group?" to a high of 100% on the item, "How well did he recognize and accept feelings of group members?"

Capsule Summary

Program and Trainer Evaluations

1. The PAS program was rated as appropriate, stimulating, and well organized by program participants.
2. PAS participants rated the trainer high on 13 dimensions of leader behavior.
3. Several students (41%) wanted the amount of time devoted to PAS training to be extended.

DISCUSSION

Rehabilitation clients included in the study of Personal Achievement Skills were young and of average intelligence. Experimental clients were older and reported higher scores on intelligence tests and the Wide Range Vocabulary test. Except for goal scaling, there were no significant differences at pretesting between the groups on dependent variables. On the goal setting measure, the control group exceeded the experimental group.

The effects of PAS training were noted in terms of improvement in life perspective. Movement of the ratings "now" and "five years in the future" toward "best possible life" occured more for the experimental trainees than for the control trainees.

Some interesting trends occurred in the perception of "five years ago" or "past." Fifty percent (50%) of the control trainees actually felt that their past at posttesting appeared worse than it did at pretesting; whereas 17% felt that it appeared better, and 33% saw no change. Only 25% of the experimental trainees rated their past at posttesting further from their ideal life than they had at posttesting; 30% actually saw it closer to their ideal life. Interpretation of the ratings of "past" are complicated and may require a case study approach.

Student self-evaluations of work adjustment in areas of vocational maturity, vocational functioning, and interpersonal maturity improved significantly more pre to post for experimental than for control clients. Additional analyses indicated that

these differences are not necessarily accounted for by the age, intelligence, and reading level differences in the samples.

In terms of goal setting, the positions of the two groups were reversed from beginning to end of the study. At pretesting, the control group reported a slightly higher initial level of goal attainment than the experimental group. At posttesting, the experimental group reported a significantly greater level of goal attainment than did the control group. Because it is a key feature of Personal Achievement Skills, the finding of greater increases in goal attainment for the experimental trainees was significant. Personal Achievement Skills is designed to facilitate such progress in that it teaches the skills of problem solving and goal setting. Furthermore, commitments to goals are made publicly--a factor which has been shown in other research to be associated with goal attainment.

But, it should be noted that the progress in goal attainment is based on self-report information from the clients. It would be considerably better to have independent assessments of goal progress made by counselors or instructors. Hence, it is possible that the reported gain in goal attainment might be a function of other variables such as experimental demand effect or the dissonance effect of admitting that one has not followed through on a commitment made publicly to others.

On the Vocational Orientation Inventory, there was a slight trend for the control group to hold a more unrealistically high perception of the benefits to be accrued from working. Such high

expectations have been shown to be related to unstable job histories. Although motivated to seek work, these individuals are too easily disappointed and frustrated by the realities of the work setting to sustain employment (Associates for Research in Behavior, 1974, p. 14).

Although the control group reported greater medical barriers to work, the experimental group reported more concern about their ability to get and maintain a job and about their ability to handle new situations and new people. Personal Achievement Skills training is either associated with development of greater realism about problems clients will face in assuming work roles or it does not address some of the major work concerns experienced by work adjustment clients.

Counselor ratings of adjustment reflected a trend toward greater improvement in vocational maturity and interpersonal maturity for experimental clients. Although they tended to rate both groups similarly, instructors reported somewhat more improvement in interpersonal maturity for the PAS clients.

Student ratings of program and instructor provided additional support for PAS. On all dimensions of the rating scale, participants tended to rate both program and trainer as excellent or very good.

Overall, there were many indications of the positive contributions that Personal Achievement Skills training can make to work adjustment. Although these results must be interpreted in the context of acknowledged limitations in sampling and method-

ology, research data suggest that PAS provides valuable skill inputs in goal setting and communication skills that are related to gains in self-ratings of life perspective, vocational maturity, vocational functioning, interpersonal maturity, goal attainment, and to a lesser degree, in counselor and instructor ratings of adjustment. Clients in the program also developed somewhat more realistic perceptions of the benefits of work as well as possibly of the barriers that exist in their getting and maintaining a job. In essence, Personal Achievement Skills training coupled with an enthusiastic and well-trained leader can make a definite contribution to work adjustment training for rehabilitation clients.

Study Limitations

Findings of the PAS study must be evaluated in the context of the following limitations in the research and methodology:

1. The PAS instructor tested both experimental and control groups. Hence, the possibility of experimenter bias may exist to a degree.

2. Persons who did not complete the experimental training were not considered in the analysis. No clients "voluntarily" dropped from the treatment; for one reason or another (i.e., leaving the Center), they left the work adjustment site. There were no significant differences between groups in the number of those completing training.

3. Sampling procedures resulted in quasi-random samples. The first seven clients who came into work adjustment at a similar time were assigned to a PAS group; the next seven, to the control personal hygiene group. Due to scheduling problems, three more PAS groups were then filled followed by three hygiene groups, one more PAS group and two hygiene groups resulting in a total sample of 20 experimental trainees and 23 control trainees.

4. Some of the counselors and instructors providing the client ratings might have been aware of whether the client had been in a PAS group. Though it would be difficult to demonstrate, it is possible that the rater's knowledge of client assignment could have affected their evaluations.

5. Statistically significant differences on age, IO, and achievement level were found; experimental trainees were older and reported higher IQ and achievement scores raising the issue of experimenter bias in screening procedures. However, the control and experimental groups were initially equivalent on the outcome criteria suggesting that demographic and psychometric differences did not negate the internal validity of the study.

6. Finally, the lack of a control for leader personality should be acknowledged. Since the results of only one PAS leader were included in the research, it is not possible to say definitely how much of the program's success is attributable to program content or leader personality. Hence, program effects reported in this study must be viewed in terms of the interaction of leader and program.

Suggestions for Further Research

Based on experiences in the PAS study, several suggestions for further research can be made:

1. Additional studies of PAS training should involve more leaders who are randomly assigned to either experimental or control conditions. Random assignments of leaders would provide some control for leader personality.

2. Additional resources for conducting PAS research in applied settings would be helpful. For example, having personnel who are not involved in the study available for testing, screening, and random assignment of clients would counter several limitations of the current PAS study.

3. The data reported in this study pertain to the short term effects of PAS training. Because of the importance of long term data, a follow-up study of the effect of PAS training on vocational and life satisfaction is planned.

4. A final need suggested by the PAS study has to do with generalization of the PAS experience. Since the intent of PAS training is to provide skills that clients can use in many different settings, research regarding ways in

which counselors, instructors, houseparents, etc. could be involved in reinforcing client progress on PAS skills and behavioral programs would be extremely valuable.

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APPENDIX A
Sample PAS Programs*

*The enclosed programs are presented as samples of student goal setting efforts in PAS. No wording, spelling, or grammatical editing has been done.

PROGRAM DEVELOPMENT FORM

Steps Toward My Goal	Behaviors or Action Required	Deadlines		Results of Each Step
		When should I complete the step	When did I complete the step	
1) Get involved in some group activities.	1) Jaycees, RPF, etc.	Today	Nov. 2, 1975	
2) Don't judge people by the way they look or act.	2) Get to know people better.	Today	Nov. 2, 1975	
3) Don't stay by myself so much.	3) Stay on 6th floor more often.	Today	Nov. 2, 1975	
4) Talk to more than one or two people at a time.	4) Make more friends.	Today	Nov. 2, 1975	
5) Make a new acquaintance every day.	5) Mingle	Today	Nov. 2, 1975	
6) Be more honest about me with my friends.	6) Don't evade the issues.	Today	Nov. 2, 1975	
7) Don't put myself down so much.	7) Say, "I can," instead of, "I can't," so much.	Today	Nov. 2, 1975	
8) Have more confidence in myself.	8) Be proud of myself.	Today	Nov. 2, 1975	
9) Be able to get along with all people better. (Instructors)	9) Get to know people better.	Today	Nov. 2, 1975	
.0) I will be able to improve my communication skills and more specifically my ability to get along better with my Accounting Instructor in situations in which I ask for directions by Nov. 2, 1975.	10) By being more open and improving my understanding of people.	November 2, 1975		

PROGRAM DEVELOPMENT FORM

Steps Toward My Goal	Behaviors or Action Required	Deadlines		Results of Each Step
		When should I complete the step	When did I complete the step	
1) To do things that need to be done on my own.	1) Don't evade the issues and follow through on what I know needs to be done.	December 25, 1975		
2) To concentrate on projects of significance.	2) Do not let my mind wander and and try to follow instructions to the best of my ability.	December 25, 1976		
3) Think positive.	3) Convince myself that I can do it and then try.	December 25, 1975		
4) To accomplish something significant.	4) Complete a successful tryout in Body and Fender, graduate from HSRC, pass Driver's Ed., and become licensed, quit intellectualizing about problems and try to solve them.	December 25, 1975		
5) Don't expect myself to be perfect and don't worry about the possibility of failure.	5) Learn to expect some failures but realize that I can try again and overcome them.	December 25, 1975		
6) Dont' worry excessively over trivial things.	6) Live one day at a time and don't worry about the past or the future. Learn to laugh more.	December 25, 1975		
7) Don't compare myself with another person.	7) Realize that all people have different ability levels.	December 25, 1975		
8) I will improve my self-confidence in situations in which I doubt my ability to be successful by December 25,.1975.	8) By basically doing	December 25, 1975		

PROGRAM DEVELOPMENT FORM

Steps Toward My Goal	Behaviors or Action Required	Deadlines		Results of Each Step
		When should I complete the step	When did I complete the step	
1) Practice making decisions.	1) I need to make some decisions that are not major or minor. a) Determining weekend activities b) Distribute my leisure time c) Be outgoing	Immediately		
2) Follow checklist on decision making.	2) a) I should take one day to analyze the facts. I should talk with someone (preferred trained person about the problem to explore my feelings). b) List alternatives on paper c) Select two possible solutions d) Explore choice with someone again e) Make my decision f) Evaluate results with someone	After moderate problem has been determined		
3) Make major decision.	3) I should follow decisions on the checklist	June of 1975		

PROGRAM DEVELOPMENT FORM

Steps Toward My Goal	Behaviors or Action Required	Deadlines		Results of Each Step
		When should I complete the step	When did I complete the step	
1) Be around more people.	1) Try to get involved in activities and also get used to talking more.	Continuous		
2) Stop and think before I talk or express myself.	2) I should think carefully about how I feel and what my real feelings are, also try not to offend anyone.	Continuous		
3) Get my GED.	3) This is help me through my training areas.	April 16	July	
4) Lose weight.	4) This is where I won't be so conscience of myself (30 lbs.).	April 12		
5) To win Miss Wheelchair of Arkansas.	5) This would prove to my friends and family just because I am a cripple I can be as normal and whole as anyone else.	May 1	September	
6) Graduate from HSRC.	6) This is so I will be able to work and not depend on the state for money.	February 2	January	
7) Have a long talk with my family.	7) Let them know I really love them and that I understand why they want to protect me. But I should let them know I have to live a life of my own.	NONE		
8) Live independently.	8) My world will be a better place, I will be able to go and work and support myself.	NONE		

PROGRAM DEVELOPMENT FORM

Steps Toward My Goal	Behaviors or Action Required	Deadlines		Results of Each Step
		When should I complete the step	When did I complete the step	
1) Improve hygiene.	1) I must change clothes daily. Also by bathing and using deodorant. I need to clean my hair and nails.	April 11, 1975		
2) Be more feminine by wearing a dress on special occasions.	2) I need to wear dresses once in a while. I also need to wear clothes that coordinate.	July 12, 1975		
3) Improve Communication Skills.	3) I need to look at people and not turn them off by changing the subject. I also need to set up straight. I should not advise or change the subject or subject person. I must practice listening to others.	August 1, 1975		
4) I will be around more people.	4) I should greet new arrivals at least once a day.	April 30, 1975		
5) Start conversations by being friendly with people and by inviting conversation.	5) When meeting new friends, I should ask how they are and where they are from. I should smile at them and tell them that I am glad they came. I also need to say good-by and that I will see them later.	December 5, 1975		
6) Express true feelings if they do not hurt anyone.	6) I must stop and think ahile about what someone has said. Then ask my friends if they think I am being honest about what was said after I gave my honest opinion.	December 5, 1975		

APPENDIX B
Participant Evaluations of Program and Trainer

Trainee's Evaluation of Program

Directions: Please complete this form as honestly and completely as possible as we utilize your feed-back to modify and improve training programs. Answer the questions in relation to the program content and materials themselves exclusive of the trainer. On the first form we were interested in how the trainer might improve his teaching method, on this form we are interested in how the program itself might be improved. Thank you.

1. Rate the program (not the instructor) on the following:

N=22

	Excellent	Very Good	Good	Fair	Poor
A. How appropriate is this training for this group of rehabilitation workers?	55%	27%	18%		
B. How well does the program address itself to actually preparing this group to improve their performance in their day-to-day work situation?	36%	32%	23%	5%	5%
C. How would you rate the value of this training for rehabilitation personnel such as those in your group?	45%	36%	5%	14%	
D. How stimulating or interesting did you find the program and materials?	50%	14%	27%	9%	
E. How well was the program and materials organized?	45%	25%	25%	5%	
F. How would you rate the balance of the different activities: listening, reading, responding, practicing, theory versus practical?	22%	61%	6%	11%	
G. How would you rate the value of this training program?	77%	14%			9%

2. List at least two (2) things we could do to improve the program:

A. _____

B. _____

C. _____

D. _____

3. The amount of time devoted to the workshop was:

Too short 41% About right 45% Too long 14%

4. Additional Comments (Use back if necessary):

Trainee's Evaluation of Instructor

Instructor's Name _____ Title of Program _____
Date _____ Your Job Title _____

Directions: Please answer the following questions as honestly and completely as possible. We request this information so that the instructor may receive feed-back which will allow him to improve his teaching methods. Do not put any identifying marks on this form. Thank you.

1. Rate the instructor on the following:

N=22

	Excellent	Very Good	Good	Fair	Poor
A. How well did he introduce the program and its objectives?	55%	41%	5%		
B. How well was he prepared to conduct this program - had he done his homework?	73%	18%	9%		
C. How well did he manage the program in terms of moving the group, getting started on time, etc.?	36%	18%	41%	5%	
D. How well was he knowledgeable about your job function, role, limitation?	41%	36%	14%	9%	
E. How well did he present the material in a concise and understandable manner?	50%	36%	9%	5%	
F. How well did he demonstrate enthusiasm throughout the program?	52%	33%	10%	5%	
G. How well did he encourage, praise, or otherwise reinforce member's contribution?	62%	24%		18%	
H. How well did he maintain a respectful and helpful manner?	64%	23%	5%	5%	5%
I. How well did he recognize and accept feelings of group members?	77%	23%			
J. How well did he communicate to you the freedom to question the concepts and to express your ideas?	73%	23%	5%		
K. How well did he summarize and clarify major points?	39%	57%	5%		
L. How well did he maintain the interest of the group?	52%	24%	19%	5%	
M. What overall rating would you give the instructor?	82%	14%		5%	

2. Point out two things you believe the instructor should work on to improve himself as an instructor:

A. _____

B. _____

3. Additional Comments (If additional space is needed use back of this sheet):

APPENDIX C
Counselor and Instructor Rating Scale
Current Adjustment and Improvement Ratings

CURRENT STATUS RATING SCALES

Client's Name_____Date_____

Rater's Name_____

Position (check one) Counselor_____ Instructor_____

Over the time you have known the client, please estimate the total number of contact hours you had with the client. ____hrs.

DIRECTIONS:

Please rate, by circling the appropriate number, what you feel the client's current level of functioning is in terms of vocational functioning, vocational maturity, and interpersonal maturity. Low and high levels for each of the above areas are described for each of the following three scales.

Because these rating scales are experimental, please indicate the degree of confidence you have in your rating by circling the appropriate number following completion of each rating scale.

All ratings are strictly confidential.

CURRENT STATUS: Vocational Functioning

1. Rate the client's estimated current vocational functioning on the following scale. Circle the number that best represents his or her current vocational functioning level.

#1. Low: In the very lowest group on vocational functioning. Work is very unsteady and disorganized. The client disregards safety habits and shows very low vocational skill levels. The client communicates with great difficulty and does not improve when corrected. 1

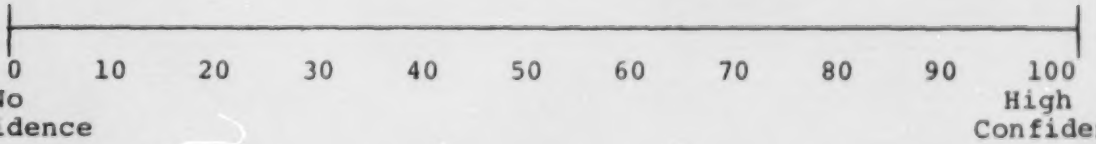
#2. Below average 2

#3. Average: The client works at a reasonably steady pace and has moderately well organized work habits. Safety habits are understood and generally followed. The client communicates acceptably and, for the most part, is able to respond to corrections. Under close supervision, the client meets acceptable skill levels. 3

#4. Above average. 4

#5. High: Among those demonstrating the highest vocational functioning. Is an exceptionally persistent worker, follows safety procedures, and is observant in recognizing dangers and helping others to follow safety procedures. Able to communicate well and shows exceptionally good improvement when corrected. Vocational skill levels high. Performs skills independently. 5

*Please indicate the confidence you have in your rating by circling the appropriate number.



Vocational Maturity

2. Rate the client's current level of vocational maturity on the following scale. Circle the number that best represents his or her current vocational maturity.

#1. Low: Among the lowest group of clients in terms of vocational maturity. Does not work effectively with others. Leaves work station requently. Refuses assigned tasks. Production output deficient and of low quality. 1

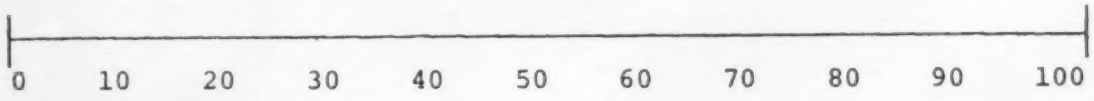
#2. Below average 2

#3. About average in vocational maturity. Can usually work with a few others. Works for acceptable lengths of time and usually, but not always, finishes work. Performs tasks with some interest. Some minor limitations in production output. Products meet minimum standards. 3

#4. Above average 4

#5. High: Among those having the highest vocational maturity. Is a good team worker. Works on assignment until completed. Attitude exceptionally positive as are production output and work quality. 5

*Please indicate the confidence you have in your rating by circling the appropriate number.



No Confidence

High Confidence

Interpersonal Maturity

3. Rate this client's current interpersonal maturity on the following scale. Circle the number that best represents his or her current interpersonal maturity.

#1. Low: Among those having the lowest interpersonal maturity. Constantly demands help and attention even when unnecessary. Shows open hostility authority. Behavior clearly inappropriate for work and interpersonal situations. Unacceptable personal appearance. Refuses to work at assigned tasks and works only with difficulty and constant supervision. Does not have many job plans and sees self as being unable to work. 1

#2. Below average 2

#3. About average in interpersonal maturity. Occasionally needs help and asks for it. Generally accepts authority. Behavior somewhat inappropriate but has no adverse effect on interpersonal or work situations. Personal appearance is generally acceptable. Moderately unwilling to work at assigned tasks but can work independently with occasional supervision. Thinking about possible occupations and feels able to be an adequate employee. 3

#4. Above average 4

#5. High: Among those having the highest interpersonal maturity. Works independently and shows consistently appropriate behavior. Demonstrates leadership capacities but respects authority. Works at assigned tasks and learns new skills easily. Has realistic job goals and has confidence in self as worker. 5

*Please indicate the confidence you have in your rating by circling the appropriate number.

No Confidence

High Confidence

IMPROVEMENT RATING SCALES

Client's Name_____Date_____

Rater's Name_____

Position (check one) Counselor_____ Instructor_____

DIRECTIONS:

Please estimate, by circling the appropriate number, the amount of improvement that this client has made in the areas of vocational functioning, vocational maturity, and interpersonal maturity since your first contact with the client.

Because these ratings are experimental, please indicate the degree of confidence you have in your rating by circling the appropriate number following completion of each scale.

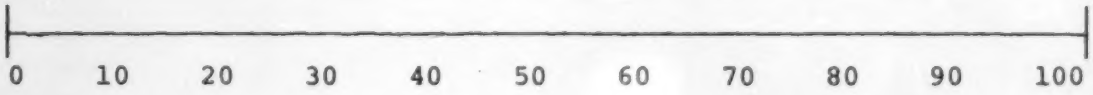
All ratings are strictly confidential.

IMPROVEMENT: Vocational Functioning

1. Rate the client's improvement in vocational functioning since your first meeting with him or her. Circle the number that best represents his or her improvement.

#1. Has made much less gain in vocational functioning than the average client.	1
#2. Has made less gain in vocational functioning than the average client.	2
#3. Has made vocational functioning gains similar to those made by the average client.	3
#4. Has made more gains in vocational functioning than the average client.	4
#5. Has made much more gains in vocational functioning than the average client.	5

*Please indicate the confidence you have in your rating by circling the appropriate number.

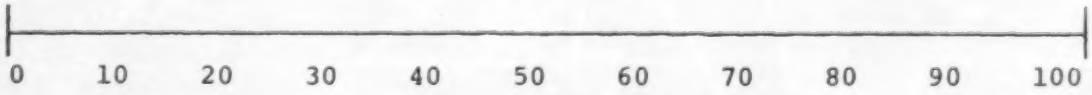


Vocational Maturity

2. Rate the client's improvement in vocational maturity since your first meeting with him or her. Circle the number that best represents his or her improvement.

#1. Has made much less gain in vocational maturity than the average client.	1
#2. Has made less gain in vocational maturity than the average client.	2
#3. Has made vocational maturity gains similar to those made by the average client.	3
#4. Has made more gains in vocational maturity than the average client.	4
#5. Has made much more gains in vocational maturity than the average client.	5

*Please indicate the confidence you have in your rating by circling the appropriate number.



No Confidence

High Confidence

Interpersonal Maturity

3. Rate the client's improvement in interpersonal maturity since your first meeting with him or her. Circle the number that best represents his or her improvement.

#1. Has made less gain in interpersonal maturity than the average client.	1
#2. Has made less gain in interpersonal maturity than the average client.	2
#3. Has made interpersonal maturity gains similar to those made by the average client.	3
#4. Has made more gains in interpersonal maturity than the average client.	4
#5. Has made much more gains in interpersonal maturity than the average client.	5

*Please indicate the confidence you have in your rating by circling the appropriate number.

No Confidence — High Confidence

THANK YOU FOR YOUR HELP!

Comments Regarding Student Being Rated:_____

Comments Regarding Current Status and Improvement Forms: Since this is an experimental form, we would greatly appreciate input from you regarding its adequacy. Were the directions clear, were you able to rate clients using the scales provided, how did you feel about the confidence rating, etc.?

APPENDIX D
Experimental and Control Subjects' Goals

Control Group

1. To be more independent
2. To use leisure time more profitably
3. To talk more openly with girlfriend/boyfriend
4. To learn more about mechanics
5. To learn a new job skill
6. To make new friends
7. To date more often
8. To deal more effectively with anger
9. To improve my self-concept

Experimental Group

10. To get along better with white people
11. To improve my decision making abilities
12. To deal more effectively with authority
13. To control my temper
14. To be more open and friendly
15. To increase my self-confidence
16. To converse without interrupting the other person
17. To be less critical
18. To improve my personal hygiene and appearance
19. To be a better communicator
20. To be less possessive and selfish
21. To increase my self-acceptance
22. To improve my interpersonal relationships